

EXHIBIT A

Sixteen (16) Pages

Exhibit B pg 1

OREGON COLLEGE OF O
Acupuncture & I
10541 SE Cherry Blossom Drive
Phone: (503) 253 - 3443 | I
www.ocom

OREGON COLLEGE OF ORIE
10525 SE CHERRY BLOSSOM
PORTLAND, OR 97216

05/07/2008
Merchant ID:
Terminal ID:
356168831887

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5/7/2008

Page: 1

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Chart #: GUINA000 Case #:33199

Instructions: Complete the patient information portion of your insurance claim the claim. If you have a deductible policy, hold your claim forms

CREDIT CARD
MC SALE

CARD # XXXXXXXXXXXXX1016
INVOICE 0004
Batch #: 000460
Approval Code: 039909
Entry Method: Manual
Approved: Online
Avs Code: YYY

rtaining to
e carrier.

Date	Description	Procedu
5/7/2008	Granule Herbs [G]	UG.HER
5/7/2008	Credit/Debit Pay- Thank You	14A.CR

	Charge
SALE AMOUNT	\$18.08
	18.08
	-18.08

CUSTOMER COPY

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM
License:
SSN or EIN: 930845182

Total Charges: \$ 18.08
Total Payments: -\$ 18.08
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

Exhibit B Pg 2

OREGON COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216

Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092

www.ocom.edu

Page: 1

5/13/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Diagnoses: 1. 0.0

ASK PRACTITIONER

2.

3.

4.

Chart #: GUINA000

Case #: 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
5/13/2008	Granule Herbs [G]	UG.HERBS	1	8.74
5/13/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-8.74

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 8.74

Total Payments: -\$ 8.74

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

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Page: 1

5/15/2008

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Diagnoses: 1. 0.0 ASK PRACTITIONER

2.

3.

4.

Chart #: GUINA000 **Case #:** 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
5/15/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
5/15/2008	Granule Herbs [G]	UG.HERBS	1	43.85
5/15/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-48.85

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 48.85
Total Payments: -\$ 48.85
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

Exhibit B pg 4

OREGON COLLEGE OF

Acupuncture &

10541 SE Cherry Blossom Driv

Phone: (503) 253 - 3443

www.oco

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6/5/2008

Age: 1

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #: 33199

06/05/2006

Merchant ID:

Terminal ID:

84014878

DEBIT CARD

ER

EDS SALE

CARD #

INVOICE

Batch #:

Approval Code:

Entry Method:

Approved:

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Online

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ance carrier.

Instructions: Complete the patient information portion of your insurance cl
the claim. If you have a deductible policy, hold your claim fo

Date	Description	Proc
6/5/2008	Herbal Clinic Office Visit, Return	H2.9
6/5/2008	Granule Herbs [G]	UG.]
6/5/2008	Credit/Debit Pay- Thank You	14A'

SALE AMOUNT

\$46.87

Charge

CUSTOMER COPY

1	5.00
1	41.87
1	-46.87

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

HERBS ARE NON-REFUNDABLE

Total Charges: \$ 46.87

Total Payments: -\$ 46.87

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

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Acupuncture & Herbal Clinic

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Page: 1

6/20/2008

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Diagnoses: 1. 0.0 ASK PRACTITIONER

2.

3.

4.

Chart #: GUINA000 **Case #:** 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
6/20/2008	Granule Herbs [G]	UG.HERBS	1	42.22
6/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-42.22

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 42.22

Total Payments: -\$ 42.22

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

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Acupuncture & Herbal Clinic

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Page: 1

7/2/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Diagnoses: 1. 0.0

ASK PRACTITIONER

2.

3.

4.

Chart #: GUINA000

Case #: 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/2/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
7/2/2008	Granule Herbs [G]	UG.HERBS	1	23.10
7/2/2008	Cash Payment - Thank You	12A.CASH	1	-28.10

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 28.10

Total Payments: -\$ 28.10

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

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7/8/2008

Page: 1

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Diagnoses: 1. 0.0 ASK PRACTITIONER

- 2.
- 3.
- 4.

Chart #: GUINA000 **Case #:** 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/8/2008	Granule Herbs [G]	UG.HERBS	1	23.10
7/8/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-23.10

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 23.10
Total Payments: -\$ 23.10
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

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Page: 1

7/16/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #: 33199

Diagnoses: 1. 0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
7/16/2008	Herbal Clinic Office Visit, Return	H2.99215	1	5.00
7/16/2008	Granule Herbs [G]	UG.HERBS	1	49.08
7/16/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-54.08

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

Total Charges: \$ 54.08

Total Payments: -\$ 54.08

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

Exhibit B pg 9

OREGON COLLEGE OF OR

Acupuncture & H

10541 SE Cherry Blossom Drive |

Phone: (503) 253 - 3443 | Fa
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OREGON COLLEGE OF ORIE

10525 SE CHERRY BLOSSOM

PORTLAND, OR 97216

07/30/2008

Merchant ID:

Terminal ID:

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7/30/2008

Page: 1

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

Instructions: Complete the patient information portion of your insurance claim the claim. If you have a deductible policy, hold your claim forms

CREDIT CARD

VISA SALE

CARD #

INVOICE

Batch #:

Approval Code:

Entry Method:

Approved:

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Online

rtaining to
e carrier.

Date	Description	Procedu
7/30/2008	Herbal Clinic Office Visit, Return	H2.992
7/30/2008	Granule Herbs [G]	UG.HEI
7/30/2008	Credit/Debit Pay- Thank You	14A.CR

SALE AMOUNT

\$55.90

Charge

TAX AMOUNT

\$0.00

5.00

50.90

-55.90

TOTAL AMOUNT

\$55.90

CUSTOMER COPY

Provider Information

Provider Name: OCOM

License:

SSN or EIN: 930845182

HERBS ARE NON-REFUNDABLE

Total Charges: \$ 55.90

Total Payments: -\$ 55.90

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

OREGON COLLEGE OF ORIENTAL MEDICINE
10525 SE CHERRY BLOSSOM
PORTLAND, OR 97216

IN COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

Cherry Blossom Drive | Portland, Oregon 97216
Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092
www.ocom.edu

3/11/2008 18:42:00
Merchant ID: 000000000556443
Terminal ID: 00763947
56168831887

8/11/2008

CREDIT CARD
VISA SALE

Diagnoses: 1. 0.0 ASK PRACTITIONER

2.
3.
4.

Card # XXXXXXXXXXXX5952
Invoice 0064
Batch #: 000542
Approval Code: 134114
Entry Method: Manual
Approved: Online

of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to
y, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

SALE AMOUNT \$27.65
TAX AMOUNT \$0.00

TOTAL AMOUNT \$27.65

CUSTOMER COPY

Procedure	Units	Charge
UG.HERBS	1	27.65
14A.CREDIT	1	-27.65

HERBS ARE NON-REFUNDABLE**Provider Information**

Provider Name: OCOM
License:
SSN or EIN: 930845182

Total Charges: \$ 27.65
Total Payments: -\$ 27.65
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Insured's Name: _____ Insured's ID#: _____

Insured's Signature: _____ Date: _____

Exhibit B pg. 11

OREGON COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

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8/20/2008

Page: 1

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Diagnoses: 1. 0.0 ASK PRACTITIONER

- 2.
- 3.
- 4.

Chart #: GUINA000 **Case #:** 33199

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
8/20/2008	Herbal Clinic Office Visit, Return	H2.99215	1	7.00
8/20/2008	Granule Herbs [G]	UG.HERBS	1	53.25
8/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.25

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

NPI: 141710303

SSN or EIN: 930845182

Total Charges: \$ 60.25
Total Payments: -\$ 60.25
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Patient Phone

Insured's Name: _____

Insured's ID#: _____

Insured's Signature: _____

Date: _____

OREGON COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216

Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092

www.ocom.edu

Page: 1

10/2/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000**Case #:** 33199**Diagnoses:** 1. 0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
10/2/2008	Herbal Clinic Office Visit, Return	H2.99215	1	7.00
10/2/2008	Granule Herbs [G]	UG.HERBS	1	53.85
10/2/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.85

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

NPI: 141710303

SSN or EIN: 930845182

Total Charges: \$ 60.85

Total Payments: -\$ 60.85

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Patient Phone

Insured's Name: _____

Insured's ID#: _____

Insured's Signature: _____

Date: _____

OREGON COLLEGE OF ORIENTAL MEDICINE

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Page: 1

11/6/2008

Patient: Natache D. Guirma
5731 NE 1th Ave
Portland, OR 97211

Chart #: GUINA000 **Case #:** 33199

Diagnoses: 1. 0.0 ASK PRACTITIONER
2.
3.
4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
11/6/2008	Granule Herbs [G]	UG.HERBS	1	60.60
11/6/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-60.60

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

NPI: 141710303

SSN or EIN: 930845182

Total Charges: \$ 60.60
Total Payments: -\$ 60.60
Total Adjustments: \$ 0.00
Total Due This Visit: \$ 0.00
Total Account Balance: \$ 0.00

Patient Phone

Insured's Name: _____

Insured's ID#: _____

Insured's Signature: _____

Date: _____

Exhibit B pg. 14

102

OCOM Acupuncture & Herbal Clinic
 10541 SE Cherry Blossom Drive
 Portland, OR 97216

Natache D. Guirma
 5731 NE 1th Ave
 Portland, OR 97211

Chart #: GUINA000

Case #: 33199

Date	Description	Procedure	Diag.1	Diag.2	Units	Charge
11/20/2008	Herbal Clinic Office Visit, Return	H2.99215	0.0		1	7.00
11/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT			1	-7.00
11/20/2008	Herbal Clinic Office Visit, Return	H2.99215	0.0		1	0.00
11/20/2008	Granule Herbs [G]	UG.HERBS	0.0		1	60.60
11/20/2008	Credit/Debit Pay- Thank You	14A.CREDIT			1	-67.60

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM
 License:
 Insurance PIN:
 SSN or EIN: 930845182

Total Charges: \$ 67.60
 Total Payments: -\$ 74.60
 Total Adjustments: \$ 0.00
Total Due This Visit: -\$ 7.00
 Total Account Balance: -\$ 7.00

Insured's Name _____

Insured's ID # _____

Insured's Signature _____

Date _____

You have \$7.00 credit.

Exhibit B Pg 15

OREGON COLLEGE OF ORIENTAL MEDICINE

Acupuncture & Herbal Clinic

10541 SE Cherry Blossom Drive | Portland, Oregon 97216

Phone: (503) 253 - 3443 | Fax: (503) 251 - 2092

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Page: 1

12/8/2008

Patient: Natache D. Guirma

5731 NE 1th Ave

Portland, OR 97211

Chart #: GUINA000

Case #: 33199

Diagnoses: 1. 0.0

ASK PRACTITIONER

2.

3.

4.

Instructions: Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until your deductible is met. Mail directly to your insurance carrier.

Date	Description	Procedure	Units	Charge
12/8/2008	Granule Herbs [G]	UG.HERBS	1	64.75
12/8/2008	Credit/Debit Pay- Thank You	14A.CREDIT	1	-64.75

HERBS ARE NON-REFUNDABLE

Provider Information

Provider Name: OCOM

NPI: 141710303

SSN or EIN: 930845182

Total Charges: \$ 64.75

Total Payments: -\$ 64.75

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Patient Phone

Insured's Name: _____

Insured's ID#: _____

Insured's Signature: _____

Date: _____

OREGON COLLEGE OF ORIENTAL

Acupuncture & Herbal C

10541 SE Cherry Blossom Drive | Portland

Phone: (503) 253 - 3443 | Fax: (503) 2

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OREGON COLLEGE OF ORIE

10525 SE CHERRY BLOSSOM

PORTLAND, OR 97216

12/16/2008

Merchant ID:

Terminal ID:

356168831887

10:31:19

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Page: 1

Patient: Natache D. Guirma

5731 NE 10th Ave

Portland, OR 97211

Chart #: GUINA000

Case #:33199

I

CREDIT CARD

VISA SALE

CARD #

XXXXXXXXXX5952

INVOICE

0004

Batch #:

000645

Approval Code:

163014

Entry Method:

Manual

Approved:

Online

Avs Code: NYZ

SALE AMOUNT

\$103.00

TAX AMOUNT

\$0.00

TOTAL AMOUNT

\$103.00

CUSTOMER COPY

Instructions: Complete the patient information portion of your insurance claim form. Attach the claim. If you have a deductible policy, hold your claim forms until your

Date	Description	Procedure
12/16/2008	Granule Herbs [G]	UG.HERBS
12/16/2008	Shipping and Handling [HD]	POSTAGE
12/16/2008	Credit/Debit Pay- Thank You	14A.CREDIT

Provider Information

Provider Name: OCOM

NPI: 141710303

SSN or EIN: 930845182

HERBS ARE NON-REFUNDABLE

Total Charges: \$ 103.00

Total Payments: -\$ 103.00

Total Adjustments: \$ 0.00

Total Due This Visit: \$ 0.00

Total Account Balance: \$ 0.00

Patient Phone

Insured's Name: _____

Insured's ID#: _____

Insured's Signature: _____

Date: _____